

Massachusetts Division of Health Care
Finance and Policy

Retrospective (Historical) Outpatient Emergency Department
Visit Data

(Visits occurring 1/1/2000 to 9/30/2001)

Electronic Records Submission Specification
July 2002

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Retrospective Outpatient Emergency Department Visit Submission Overview

Data To Include in Outpatient Emergency Department Visit Electronic Submissions

Emergency department visit data shall be reported for all emergency department visits, including Satellite Emergency Facility visits, by patients whose visits resulted in neither an outpatient observation stay nor an inpatient admission at the reporting facility. The data specifications in this document pertain only to those visits occurring between 1/1/2000 and 9/30/2001.

Definitions

Terms used in this bulletin are defined in the regulation's general definition section (114.1 CMR 17.02) or the emergency department data section (114.1 CMR 17.15), or are defined in this bulletin. If a term is not otherwise defined, use any applicable definitions from the other sections of the regulation.

Data File Format

The data for Outpatient Emergency Department Visits must be submitted in a fixed-length text file format contained on 1.44 MB diskette(s). A Zip disk or CD is acceptable. Separate diskettes must be filed for each quarter for each hospital. Each diskette must be appropriately labeled on the outside with the Provider's name, ED Data, and the quarter and year of the submission. Outpatient Emergency Department Visit Data consisting of multiple quarters may not be placed on the same diskette. Inclusion of a patient's Outpatient Emergency Department Visit Data in a quarterly submission shall be based on the patient's ending date of service which must fall within the quarter to be submitted.

Hospitals must submit data using the following format specifications:

Records	250-character rows of text
Record Separator	Carriage return and line feed must be placed at the end of each record

Data Transmission Media Specifications

The Division's goal is to collect ED data via a Virtual Private Network (VPN). However, at this time the state is just beginning the implementation of its VPN network and is not yet prepared to offer it as a data transmission option. As an interim measure, the Division will collect the information on any one of the media

types described below. Providers are required to notify the Division of the media type and submit test information to verify compatibility and format. This testing and certification must be completed for each provider prior to scheduled data submissions.

Diskette:

A diskette with a capacity of 1.44MB is the standard format accepted.

Compact Disk:

A Compact Disk (CD) with a total capacity of 650 megabytes is the standard format accepted.

Zip Disk:

An Iomega Zip Disk with a total capacity of either 100 megabytes or 250 megabytes is the standard format accepted. The Division is equipped to handle either of these Zip Disk formats.

In the future, the Division may allow for submission of data by other media types or varying modes of data submission.

File Naming Convention

In order for the Division to correctly associate each file with the proper provider please use the following naming convention for all files:

ED_#####_CCYY_# where

= Provider DHCFP organization ID – do not pad with zeros

CCYY = the Fiscal Year for the data included

= the Quarter being reported.

For Test Files please include a “_TEST” at the end of the file name. (ex:ED_123_2001_1_TEST).

Retrospective Outpatient Emergency Department Visit Record Specification

Record Specification Elements

The Outpatient Emergency Department Data File is made up of a series of 250 character records. The Record Specifications that follow provide the following data for each field in the record:

Data Element	Definition
F#	Sequential number for the field in the record (Field Number).
Field Name	Name of the Field.
Type	Data format required for field (Field Type). Refer to Field Types section below.
Lgth	Record length, or number of characters in the field.
Pos Frm	Beginning position of the field in the 250 character record.
Pos To	Ending position of the field in the 250 character record.
R?	Field Requirement Indicator for visits occurring 10/1/2001 or later. R = Required, N = Not Required, C = Conditionally Required. Refer to Edit Specifications data (below) for details about requirements.
<10/1/2001 R?	Field Requirement Indicator for visits occurring before 10/1/2001. R = Required, N = Not Required, C = Conditionally Required. Refer to Edit Specifications data (below) for details about requirements.
Field Definition	Definition of the field name and/or description of the expected contents of the field.
Edit Specifications	Explanation of Conditional Requirements. List of edits to be performed on fields to test for validity of File, Batch, and Claim.

Data Element	Definition
Error Type	<p>A or B. One A error or two B errors will cause the record to fail. All errors will be recorded for each patient record. An entire provider filing will be rejected if:</p> <ul style="list-style-type: none"> (a) any Category A elements of Provider Record (Record Type 10), Hospital Service Site Summary (Record Type 94), or Provider Batch Control Record (Record Type 95) are in error or (b) if 1% or more of discharges are rejected or (c) if 50 consecutive records are rejected. <p>Failed filings must be resubmitted within 30 days.</p> <p>W (warnings) may also be reported on the edit error reports to Hospitals, for items which are notable but which will not cause a file or a record to fail. An example is a requirement which will not be enforced until a later date.</p>

Field Types

Field Type	Field Use	Definition	Examples
Text	Date field	Date fields are 8 characters. The field is formatted as follows: CCYYMMDD	February 14, 2000 would be entered as: 20000214
	Field containing alpha-numeric data, which will not be used in a numeric calculation	Alphanumeric characters (A- Z and 0-9), left justified with trailing spaces.	<p>a) Submitter Name (a 21 character field) might be entered as: County Memorial</p> <p>b) The ED Physician number (a 6 character field) might be entered as: 366542</p>
Numeric (Num)	A numeric field which will be used in a calculation	Numeric, whole, unsigned, integer digits, right-justified with leading zeros.	Number of Claims (a 6 character field) might be entered as: 000229
Currency (Curr)	A numeric field which will contain a currency amount	(Unformatted) numeric, whole, unsigned integer digits. Do not include cents. Do NOT use EBCDIC signed fields.	20 dollars in a 9 character field might be entered as: 000000020

Record Type Inclusion Rules

Record Type and Title	Required?	Conditions	Number
Record Type '10': Provider Data	R	Must be present.	One per File.
Record Type '20': Patient ED Visit Data	R	Must be present.	One per ED Visit.
Record Type '21': Patient Reason for Visit	R	Must be present.	One per ED Visit
Record Type '60': Patient ED Visit Service Line Items	R	Must be present	Unlimited number per ED Visit
Record Type '94': Hospital Service Site Summary	R	Must be present	Unlimited number per File.
Record Type '95': Provider Batch Control	R	Must be present.	One per File.

RECORD TYPE 10 - PROVIDER DATA

- Required as first record for every file.
- Only one allowed per file.
- Must be followed by RT 20.

Record Type '10': Provider Data										
F#	FIELD NAME	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
1	Record type '10'	Text	2	1	2	R	R	Must be present. Must be 10.	Indicator for Record Type '10': Provider Data	A
2	DHCFP Organization ID for Provider	Text	7	3	9	R	R	Must be present. Characters must be numeric. Must be valid entry as specified in Data Code Tables. (Section I)	The Organization ID assigned by the Massachusetts Division of Health Care Finance and Policy (DHCFP) to the provider filing the submission.	A
3	Department of Public Health Number for Provider (DPH#)	Text	4	10	13	R	R	Must be present. Characters must be numeric.	The number assigned to the provider by the Massachusetts Department of Public Health, and agreed to by the hospital and the DHCFP as the filing number.	A
4	Provider Name	Text	25	14	38	R	R	Must be present.	Name of provider submitting this batch of ED visits.	A
5	Provider Address	Text	25	39	63	N	N	May be present.	Mailing address of the provider: Address.	

Record Type '10': Provider Data										
F#	FIELD NAME	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
6	Provider City	Text	14	64	77	N	N	May be present.	Mailing address of the provider: City.	
7	Provider State	Text	2	78	79	N	N	May be present.	Mailing address of the provider: State	
8	Provider ZIP Code	Text	9	80	88	N	N	May be present. Characters must be numeric.	Mailing address of the provider: Zip Code	
9	Period Starting Date	Text	8	89	96	R	R	Must be present. Must be valid date format (CCYYMMDD). Must be valid Quarter Begin Date.	Valid quarter begin date. CCYY1001, CCYY0101, CCYY0401, CCYY0701	A
10	Period Ending Date	Text	8	97	104	R	R	Must be present. Must be valid date format (CCYYMMDD). Must be valid Quarter End Date.	Valid quarter end date. CCYY1231, CCYY0331, CCYY0630, CCYY0930	A
11	Processing Date	Text	8	105	112	R	R	Must be present. Must be valid date format (CCYYMMDD). Must not be later than today's date.	Date provider prepares file.	A
12	File Reference Number	Text	7	113	119	N	N	May be present.	Inventory number of the file as assigned by the provider.	
13	Filler	Text	131	120	250	N	N			

RECORD TYPE 20 – PATIENT ED VISIT DATA

- Required for every ED Visit.
- Only one allowed per ED Visit.
- Must follow either RT 10 or RT 60.
- Must be followed by RT 21 or RT 60.

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
1.	Record type '20'	Text	2	1	2	R	R	Must be present. Must be 20.	Indicator for Record Type '20': Patient ED Visit Data	A
2.	Hospital Service Site Reference	Text	7	3	9	C	C	Must be present if reporting more than one Site of Service in a single provider submission. If present, must be a valid DHCFP Organization number as specified in Data Code Tables (Section I).	Designated DHCFP Organization ID Number for the Site of Service	A
3.	Social Security Number	Text	9	10	18	R	R	Must be present. Must be numeric. Must be valid social security number or '000000001' if unknown.	Patient's social security number	A
4.	Medical Record Number	Text	10	19	28	R	R	Must be present.	Patient's hospital Medical Record Number	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
5.	Billing Number	Text	17	29	45	R	R	Must be present.	Hospital Billing Number for the patient	A
6.	Mother's Social Security Number	Text	9	46	54	C	C	Report if information is available , for infants one year old or less. Must be numeric. Must be valid social security number or '000000001' if unknown.	Mother's social security number for infants up to one year old or less	B
7.	Medicaid Claim Certificate Number	Text	17	55	71	C	C	Report if information is available , if Payer Source Code has a Medicaid or Medicaid Managed Care Payer Type of "4" (Medicaid) or "B" (Medicaid Managed Care) as specified in Data Code Tables (Sections II and III) Must be blank if payer source is not a Medicaid plan.	Medicaid Claim Certificate Number This number is also referred to as the Medicaid Recipient Identification Number.	A
8.	Date of Birth	Text	10	72	81	R	R	Must be present. Must be valid date format (CCYYMMDD). Must not be later than the Registration Date.	Patient date of birth: Birth century, year, month, and day	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
9.	Sex	Text	1	82	82	R	R	Must be present. Must be valid code as specified in Data Code Tables (Section IV).	Patient's sex	A
10.	Race	Text	1	83	83	R	C	Report if information is available. Must be valid code as specified in Data Code Tables (Section V).	Patient's race	B
11.	Zip Code	Text	5	84	88	R	R	Must be present. Must be numeric. Must be 0's if zip code is unknown. Must be 7's if foreign zip code.	Patient's residential 5-digit zip code. If patient is homeless or reports no permanent address, please report zip as 00000, and indicate homeless status in the Homeless Indicator field on this record.	B
12.	Zip Code Extension	Text	4	89	92	N	N	May be present. If present, must be numeric. If unknown, leave blank.	Patient's residential 4 digit zip code extension	
13.	Registration Date	Text	10	93	102	R	R	Must be present. Must be valid date format (CCYYMMDD). Must be less than or equal to Discharge Date.	Date of patient's registration in the ED: Century, year, month and day when patient is registered in the ED.	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
14.	Registration Time	Text	4	103	106	R	R	Must be present. Must be numeric. Must range from 0000 to 2400.	Time of patient's registration in the ED. Time reporting should be in hours and minutes.	A
15.	Discharge Date	Text	10	107	116	C	C	Report if information is available. Must be valid date format (CCYYMMDD). Must be greater than or equal to Registration Date.	Date patient leaves the ED: Century, year, month and day when patient actually leaves the ED at the conclusion of their visit	W until 10/1/02 (A)
16.	Discharge Time	Text	4	117	120	C	C	Report if information is available. Must be numeric. Must range from 0000 to 2400.	Time patient actually leaves the ED at the conclusion of their visit. Time reporting should be in hours and minutes.	W until 10/1/02 (B)
17.	Type of Visit	Text	1	121	121	C	C	Report if information is available. If present, must be valid code as specified in Data Code Tables (Section VI).	Patient's type of visit.	B
18.	Source of Visit	Text	1	122	122	R	C	Report if information is available. Must be valid code as specified in Data Code Tables (Section VII).	Originating, referring, or transferring source of ED visit	B

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
19.	Secondary Source of Visit	Text	1	123	123	C	C	Report if information is available and if applicable. Must be valid code as specified in Data Code Tables (Section VII).	Secondary referring or transferring source of ED visit	B
20.	Departure Status	Text	1	124	124	R	C	Report if information is available. Must be valid code as specified in Data Code Tables (Section VIII).	A code indicating patient's status as of the Discharge Date and Time.	A
21.	Primary Source of Payment	Text	3	125	127	R	C	Report if information is available. Must be valid code as specified in Data Code Tables (Section III).	Patient's expected primary source of payment	A
22.	Secondary Source of Payment	Text	3	128	130	R	C	Report if information is available and if applicable. Must be valid code as specified in Data Code Tables (Section III). If not applicable, must be coded as "159" for "none" as specified in Data Code Tables (Section III).	Patient's expected secondary source of payment	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
23.	Charges	Curr	10	131	140	R	R	<p>Must be present (except not required if departure status = 4 (AMA), 6 (eloped), or P (patient met personal physician in the ED)).</p> <p>Must be numeric.</p> <p>REPORTING OF \$0 IS PERMITTED FOR RETROSPECTIVE DATA.</p> <p>Must be whole numbers, no decimals. Must be rounded to the nearest dollar.</p>	<p>Grand total of all charges associated with the patient's ED visit.</p> <p>The total charge amount should be rounded to the nearest dollar.</p>	A
24.	Other Physician Number	Text	6	141	146	C	C	<p>Report if information is available, and if applicable.</p> <p>If present, must be a valid and current Massachusetts Board of Registration in Medicine license number,</p> <p>OR</p> <p>Must be "DENSG", "PODTR", "OTHER" or "MIDWIF".</p>	<p>Physician's state license number (BORIM #) for physician other than the ED Physician who provided services related to this visit. Report if the physician's involvement in the patient's ED Visit is captured in the hospital's electronic information systems.</p> <p>Physician's Mass. Board of Registration in Medicine license number (BORIM #), or "DENSG", "PODTR", "OTHER", or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively</p>	B

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
25.	ED Physician Number	Text	6	147	152	C	C	<p>Report if information is available.</p> <p>Must be a valid and current Mass. Board of Registration in Medicine license Number</p> <p>OR</p> <p>Must be "DENSG", "PODTR", "OTHER" or "MIDWIF".</p>	<p>Physician who had primary responsibility for the patient's care in the ED.</p> <p>Mass. Board of Registration in Medicine license number (BORIM #), or "DENSG", "PODTR", "OTHER", or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively.</p>	B
26.	Other Caregiver Code	Text	1	153	153	C	C	<p>Report if information is available.</p> <p>If present, must be valid code as specified in Data Code Tables (Section IX).</p>	<p>Other Caregiver:</p> <p>Other caregiver with significant responsibility for patient's care</p>	B
27.	Principal Diagnosis Code	Text	5	154	158	R	R	<p>Must be present (except not required if departure status = 6 (eloped) or P (patient met personal physician in the ED).</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Must not be an E-Code.</p>	<p>Patient's principal diagnosis:</p> <p>ICD-9 Principal Diagnosis excluding decimal point.</p>	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
28.	Associated Diagnosis Code 1	Text	5	159	163	C	C	<p>Include if applicable.</p> <p>If present, Principal Diagnosis Code must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's first associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 1, excluding the decimal point.</p>	A
29.	Associated Diagnosis Code 2	Text	5	164	168	C	C	<p>Include if applicable.</p> <p>If present Associated Diagnosis Code 1 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's second associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 2, excluding the decimal point.</p>	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
30.	Associated Diagnosis Code 3	Text	5	169	173	C	C	<p>Include if applicable.</p> <p>If present, Associated Diagnosis Code 2 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's third associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 3, excluding the decimal point.</p>	A
31.	Associated Diagnosis Code 4	Text	5	174	178	C	C	<p>Include if applicable.</p> <p>If present, Associated Diagnosis Code 3 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's fourth associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 4, excluding the decimal point.</p>	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
32.	Associated Diagnosis Code 5	Text	5	179	183	C	C	<p>Include if applicable.</p> <p>If present, Associated Diagnosis Code 4 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's fifth associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 5, excluding the decimal point.</p>	A
33.	Significant Procedure Code 1	Text	5	184	188	C	C	<p>Report if information is available and if applicable.</p> <p>If present must be valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 80 of the UB-92)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's significant procedure, as reported in FL 80 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
34.	Significant Procedure Code 2	Text	5	189	193	C	C	<p>Report if information is available and if applicable.</p> <p>If present, Significant Procedure Code 1 must be present.</p> <p>If entered, must be a valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 81 of the UB-92)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 81 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
35.	Significant Procedure Code 3	Text	5	194	198	C	C	<p>Report if information is available and if applicable.</p> <p>If present, Significant Procedure Code 2 must be present.</p> <p>If entered, must be a valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 81 of the UB-92)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 81 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
36.	Significant Procedure Code 4	Text	5	199	203	C	C	<p>Report if information is available and if applicable.</p> <p>If present, Significant Procedure Code 3 must be present.</p> <p>If entered, must be a valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 81 of the UB-92).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 81 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
37.	Emergency Severity Index	Text	1	204	204	C	N	<p>Report if information is available.</p> <p>If present, must be valid code.</p> <p>Must range from 1 to 5.</p>	<p>Emergency Severity Index</p> <p>Patient's score on the Emergency Severity Index, as described in "Reliability and Validity of a New Five-level Triage Instrument." Wuerz, R. et al. <i>Academic Emergency Medicine</i> 2000; 7:236-242.</p> <p>Must range from 1 to 5.</p>	B

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
38.	Principal E-Code	Text	5	205	209	C	C	<p>Report if information is available, if principal diagnosis is ICD-9-CM codes 800-904.9 or 910-999.9.</p> <p>If present, must be a valid ICD-9-CM E-code (E800-E999) excluding E849.0-E849.9.</p> <p>Principal E-code shall be recorded in designated field and not be present in Associated Diagnosis Codes 1-5.</p> <p>Associated E-codes, present in the Associated Diagnosis fields, shall only be permitted when a Principal E-code is entered. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Principal E-code (External Cause of Injury Code)</p> <p>Principal ICD-9-CM E-code (E800-E999) excluding E849.0-E849.9. E849.0-E849.9 may be used as an associated E-code and reported in any of the Associated Diagnosis fields.</p>	A
39.	Procedure Code Type	Text	1	210	210	C	C	<p>Must be present if Significant Procedure Code(s) are present.</p> <p>Must be "4" or "9".</p>	<p>Coding System used to report Significant Procedures in this record.</p> <p>4 = CPT-4, 9 = ICD-9-CM.</p> <p>Only one coding system is allowed per Patient ED Visit.</p>	A

Record Type '20': Patient ED Visit Data

F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
40.	Transport	Text	1	211	211	R	C	Report if information is available. Must be valid code as specified in Data Code Tables (Section X).	Patient's Mode of Transport to the ED	A
41.	Ambulance Run Sheet Number	Text	8	212	219	C	C	Report if information is available , if patient arrived by ambulance. Further edits To Be Determined.	EMS (Ambulance) Run Sheet Number	W until 10/1/02 (A)
42.	Homeless Indicator	Text	1	220	220	C	C	Report if information is available. Must be valid code as specified in Data Code Tables (Section XI).	Indicates whether patient is known to be homeless.	W until 10/1/02 (B)
43	Filler	Text	30	221	250	N	N			

- * = All ICD-9-CM should be reported as the exact code excluding the decimal point. Zeros contained in the code should be reported. For example, the code '001.0' should be reported as '0010'.

RECORD TYPE 21 – PATIENT REASON FOR VISIT

- Required for every ED Visit.
- Only one allowed per ED Visit.
- Must follow RT 20.
- Must be followed by RT 60.

Record Type '21': Patient Reason for Visit										
#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
1.	Record type '21'	Text	2	1	2	R	R	Must be present. Must be 21.	Indicator for Record Type '21': Patient Reason for Visit	A
2.	Medical Record Number	Text	10	3	12	R	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A
3.	Stated Reason for Visit	Text	150	13	162	C	C	Report if information is available. Must be narrative text.	Patient's stated Reason for Visit or Chief Complaint Text narrative describing patient's stated reason for visit.	W until 10/1/02 (A)
4.	Filler	Text	88	163	250	N	N			

RECORD TYPE 60 – PATIENT ED VISIT SERVICE LINE ITEMS

- At least one 60 record is required for every ED Visit.
- Unlimited number of 60 records allowed per ED Visit, each one containing up to 30 service line items.
- Must follow RT 21 or RT 60.
- Must be followed by RT 20, 60 or 94.

Record Type '60': Patient ED Visit Service Line Items										
#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
1.	Record type '60'	Text	2	1	2	R	R	Must be present. Must be 60.	Indicator for Record Type '60': Patient ED Visit Service Line Items	A
2	Medical Record Number	Text	10	3	12	R	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A

Record Type '60': Patient ED Visit Service Line Items										
#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
3.	Service Line Item 1	Text	5	13	17	R	C	<p>Report if information is available.</p> <p>Must be valid CPT or HCPCS code (as reported in FL 44 of the UB-92),</p> <p>OR, for drugs billed for which no HCPCS code is reported, use DRUGS,</p> <p>OR, for supplies billed for which no HCPCS code is reported, use SPPLY.</p> <p>Additional Service Line Items for the same ED Visit should be included in subsequent Service Line Item Elements in this record</p>	<p>Patient's Service provided (line item detail): valid CPT or HCPCS code, as reported in FL 44 of the UB-92 claim.</p> <p>The '60' Service Line Item record type should be repeated in this ED Visit record to include all CPT/HCPCS codes for this ED Visit.</p>	B
4.	End of Line Items Indicator	Text	1	18	18	C	C	<p>Must be present following the last Service Line Item.</p> <p>Must be 'Y' if this is the last Service Line Item for the ED Visit, otherwise leave blank.</p>	<p>Enter 'Y' to indicate the end of the list of Service Line Items for the current ED Visit, and the end of the patient record.</p>	A
5	Group Element: Service Line Items 2-30	Text	174	19	192	C	C	<p>Include if applicable.</p> <p>If present, the previous Service Line Item must be present.</p> <p>The last Service Line Item Element for the ED Visit must include a 'Y' in the End of Line Items Indicator.</p>	<p>Repeat fields 3 and 4 for a total of 30 Service Line Item Elements in each 60 record.</p> <p>Additional Service Line Items for the same ED Visit.</p>	
6	Filler	Text	58	193	250					

RECORD TYPE 94 – HOSPITAL SERVICE SITE SUMMARY

- Required for every Batch.
- Unlimited number of 94 records, each one containing up to 4 Service Site Summaries.
- Must be preceded by RT 60.
- May be followed by RT 94 or RT 95.

Record Type '94': Hospital Service Site Summary

#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
	Record Type '94'	Text	2	1	2	R	R	Must be present. Must be 94.	Indicator for Record Type '94': Hospital Service Site Summary	A
2*	Hospital Service Site Reference	Text	7	3	9	R	R	Must be present. Must be valid code as specified in Data Code Tables (Section I) At least one Service Site Summary (Group Element) must be present (fields 2 through 10).	DHCFP designated organization number for each provider site.	A
3*	Number of ED Treatment Beds at Site	Num	4	10	13	R	C	Report if information is available. Must be numeric.	Number of ED Beds on last day of the reporting period. Number of permanent ED treatment bays or beds, as approved by the Department of Public Health. Do not count temporary use of gueneys, stretchers, etc., nor beds in ED- based observation units.	A

Record Type '94': Hospital Service Site Summary

#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
1*	Number of ED-based Observation Beds at Site	Num	4	14	17	R	C	Report if information is available. Must be numeric.	Number of Observation Beds on last day of the reporting period. Number of permanent beds or treatment bays in ED-based observation unit, if any.	A
2*	Total Number of ED- based Beds at Site	Num	4	18	21	R	C	Report if information is available. Must be numeric.	Combined total number of ED beds and ED-based observation beds. Total number of ED beds and ED- based observation beds, combined.	A
3*	ED Visits – Admitted to Inpatient at Site	Num	7	22	28	R	C	Report if information is available. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that resulted in inpatient admission (whether preceded by observation stay or not).	A
4*	ED Visits –Admitted to Outpatient Observation at Site	Num	7	29	35	R	C	Report if information is available. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that resulted in admission to outpatient observation, but not inpatient admission.	A
5*	ED Visits - All Other Outpatient ED Visits at Site	Num	7	36	42	R	C	Report if information is available. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that had a disposition other than admission to outpatient observation and/or inpatient care.	A

Record Type '94': Hospital Service Site Summary

#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
1*	ED Visits – Total Registered at Site	Num	7	43	49	R	C	Report if information is available. Must be numeric.	Total number of all registered ED Visits occurring during the reporting period, regardless of disposition.	A
10*	End of Record Indicator	Text	1	50	50	C	C	Must be present if this is the last Site Summary Group Element for the Hospital Service Site Summary record. Must be a 'Y' .	Denotes end of list in Hospital Service Site Summary record.	A
11*	Group Element: Site Summaries 2-4		144	51	194	C	C	One Service Site Summary (Group Element) must be present for each Site reported in the Provider Submission. Last Site Summary Group Element must include a 'Y' in the End of Record Indicator.	Repeat fields 2 -10 for a total of 4 Site Summary Elements in the 94 record. Additional Site Summary data for the same Provider Submission.	
12	Filler	Text	56	195	250	N	N			

*Fields #2 – 10 should be repeated for each of the provider sites included in the provider filing.

RECORD TYPE 95 – PROVIDER BATCH CONTROL

- Required for every Batch.
- Only one 95 record and Batch per File.
- Must be preceded by RT 94.

Record Type '95': Provider Batch Control										
#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	< 10/1/01 R?	Edit Specifications	Field Definition	Error Type
1	Record Type '95'	Text	2	1	2	R	R	Must be present. Must be 95.	Indicator for Record Type '95': Provider Batch Control.	A
2	Number of Outpatient ED Visits	Num	6	3	8	R	R	Must be present. Must be Numeric format. Must be the correct number as defined.	A count of the number of Record Type 20 entries for this provider filing.	A
3	Total Charges for Batch	Curr	12	9	20	R	R	Must be present. Must be unformatted currency format. Must be correct number as defined.	Sum of charges entered in RT 20, field 23 (Charges).	A
4	Filler	Text		21	250	N	N			

Outpatient Emergency Department Visit Data Code Tables:

I) DHCFP Organization IDs for Hospitals

DHCFP Organization IDs

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
1	Anna Jaques Hospital	ANNA JAKUES HOSPITAL	
2	Athol Hospital	ATHOL MEMORIAL HOSPITAL	
4	Baystate Medical Center	BAYSTATE HEALTH SYSTEMS	
7	Berkshire Health Systems - Berkshire Campus	BERKSHIRE HLTH SYS-BERKSHIRE	
9	Berkshire Health Systems - Hillcrest Campus	BERKSHIRE HLTH SYS-HILLCREST	
10	Beth Israel Deaconess	BI/DEACONESS MED CTR	
19	Boston Medical Center - East Boston NHC	N/A - aka East Boston Neighborhood Health Center	
144	Boston Medical Center - East Newton Campus	N/A - see Boston Medical Center - Harrison Ave. Campus, filer for this hospital	
16	Boston Medical Center - Harrison Ave. Campus	Boston Medical Center	Boston Medical Center - East Newton Campus
22	Brigham and Women's	BRIGHAM & WOMEN'S HOSPITAL	
25	Brockton Hospital	BROCKTON HOSPITAL	
3118	Cable Emergency Center	N/A - formerly Cable Hospital	
67	Cambridge Health Alliance - Malden Campus	HALLMARK HLTH CARE-MALDEN	
27	Cambridge Health Alliance - Cambridge Campus	Cambridge Public Health Commission	Cambridge Health Alliance - Somerville Campus

DHCFP Organization IDs

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
143	Cambridge Health Alliance - Somerville Campus	N/A - see Cambridge Health Alliance - Cambridge Campus, filer of submission	
142	Cambridge Health Alliance - Whidden Memorial Campus	HALLMARK HLTH CARE-WHIDDEN	
39	Cape Cod Health System - Cape Cod Campus	CAPE COD HLTH SYS-CAPE COD	
40	Cape Cod Health System - Falmouth Campus	CAPE COD HEALTH SYS.-FALMOUTH	
62	Caritas Good Samaritan Medical Center	GOOD SAMARITAN MEDICAL CENTER	
41	Caritas Norwood Hospital	CARITAS NORWOOD	
440	Caritas Southwood Hospital	Caritas Southwood Community Hospital	
42	Carney Hospital	CARNEY HOSPITAL	
46	Children's Hospital	CHILDREN'S MEDICAL CENTER	
132	Clinton Hospital	CLINTON HOSPITAL	
50	Cooley Dickinson Hospital	COOLEY DICKINSON HOSPITAL	
51	Dana Farber Cancer Center	DANA-FARBER CANCER INST	
53	Deaconess-Glover	DEACONESS-GLOVER MEMORIAL	

DHCFP Organization IDs

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
52	Deaconess-Nashoba	DEACONESS-NASHOBA COMMUNITY	
54	Deaconess-Waltham	DEACONESS-WALTHAM	
57	Emerson Hospital	EMERSON HOSPITAL	
8	Fairview Hospital	FAIRVIEW HOSPITAL	
59	Faulkner Hospital	FAULKNER HOSPITAL	
5	Franklin Medical Center	FRANKLIN MEDICAL CTR	
66	Hallmark Health Systems - Lawrence Memorial Campus	HALLMARK HLTH CARE-LAW MEML	
141	Hallmark Health Systems - Melrose Hospital Campus	HALLMARK HLTH CARE-MELROSE-WAKEFIELD	
68	Harrington Memorial Hospital	HARRINGTON MEM'L HOSPITAL	
70	Haverhill Municipal (Hale) Hospital	HAVERHILL MUNICIPAL HOSPITAL (HALE)	
71	HealthAlliance	HEALTH ALLIANCE HOSPITAL, INC.	
73	Heywood Hospital	HEYWOOD HOSPITAL	
75	Holy Family Hospital	HOLY FAMILY HOSPITAL	

DHCFP Organization IDs

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
77	Holyoke Hospital	HOLYOKE HOSPITAL	
78	Hubbard Regional Hospital	HUBBARD REGIONAL HOSPITAL	
79	Jordan Hospital	JORDAN HOSPITAL	
136	Kindred Hospital Boston / Brighton Hospital	VENCOR-BOSTON	
135	Kindred Hospital North Shore	VENCOR NORTH SHORE (formerly JB Thomas)	
81	Lahey Clinic Hospital	LAHEY HITCHCOCK CLINIC	
83	Lawrence General Hospital	LAWRENCE GENERAL HOSPITAL	
85	Lowell General Hospital	LOWELL GENERAL HOSPITAL	
133	Marlborough Hospital	UMASS HEALTH SYSTEM-MARLBOROUGH HOSPITAL	
88	Martha's Vineyard Hospital	MARTHA'S VINEYARD HOSPITAL	
6	Mary Lane Hospital	MARY LANE HOSPITAL	
91	Mass General Hospital	MASSACHUSETTS GENERAL HOSPITAL	
89	Mass. Eye & Ear Infirmary	MASSACHUSETTS EYE & EAR INFIRMARY	

DHCFP Organization IDs

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
119	Mercy Hospital	MERCY HOSPITAL	
457	Metro West - Leonard Morse Campus	Leonard Morse (Columbia Metro-West)	
49	Metro West Medical Center - Framingham Campus	COLUMBIA METROWEST-FRAMINGHAM	
97	Milford-Whitinsville Regional Hospital	MILFORD-WHITINSVILLE REGIONAL HOSPITAL	
98	Milton Hospital	MILTON HOSPITAL	
99	Morton Hospital	MORTON HOSPITAL AND MEDICAL CENTER	
100	Mount Auburn Hospital	MOUNT AUBURN HOSPITAL	
101	Nantucket Cottage Hospital	NANTUCKET COTTAGE HOSPITAL	
103	New England Baptist Hospital	NEW ENGLAND BAPTIST HOSPITAL	
104	New England Medical Center	NEW ENGLAND MEDICAL CENTER	
105	Newton-Wellesley Hospital	NEWTON-WELLESLEY HOSPITAL	
106	Noble Hospital	NOBLE HOSPITAL	
107	North Adams Regional Hospital	NORTH ADAMS REGIONAL	
116	North Shore Medical Center & Salem Hospital	SALEM HOSPITAL	

DHCFP Organization IDs

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
109	Northeast - Addison Gilbert Hospital Campus	NE HEALTH SYSTEMS-ADDISON GILBERT	
110	Northeast - Beverly Hospital Campus	NE HEALTH SYSTEMS-BEVERLY	
118	Providence Hospital (Sisters of Providence Health System)	PROVIDENCE HOSPITAL	
112	Quincy Hospital	QUINCY HOSPITAL	
115	Saints Memorial Medical Center	SAINTS MEMORIAL MEDICAL CENTER	
122	South Shore Hospital	SOUTH SHORE HOSPITAL	
123	Southcoast Health Systems - Charlton Memorial Campus	SOUTHCOAST HLTH SYSTEMS-CHARLTON	
124	Southcoast Health Systems - St. Lukes Campus	SOUTHCOAST HLTH SYSTEMS - ST. LUKE	
145	Southcoast Health Systems - Tobey Hospital Campus	SOUTHCOAST HLTH SYSTEMS-TOBEY HOSP	
114	St. Anne's Hospital	ST. ANNE'S HOSPITAL	
126	St. Elizabeth's Hospital	ST. ELIZABETH'S MED CTR	
127	St. Vincent's Hospital	ST. VINCENT'S HOSPITAL	
129	Sturdy Memorial Hospital	STURDY MEMORIAL HOSPITAL	

DHCFP Organization IDs

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
130	UMass. Memorial Medical Center - Memorial Campus	N/A - see UMass. Memorial Medical Center - U.Mass Campus, filer of submission	
131	UMass. Memorial Medical Center - U.Mass Campus	UMASS MEDICAL CTR.	UMass. Memorial Medical Center - Memorial Campus
3	Union Hospital	ATLANTICARE MEDICAL CTR	
138	Winchester Hospital	WINCHESTER HOSP & FAMILY MEDICAL	
139	Wing Memorial Hospital	WING MEMORIAL & MED CTR	

II) Payer Type Code

Payer Type Code

Payer Type Code	Payer Type Abbreviation	Payer Type Definition
1	SP	Self Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care

Payer Type Code

Payer Type Code	Payer Type Abbreviation	Payer Type Definition
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	HMO
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

III) Source of Payment Code

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
1	Harvard Community Health Plan	8	HMO
2	Bay State - a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage – PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	E	PPO
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England, Inc	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 and 250)		
30	CIGNA (Indemnity)	7	COM

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 and 158)		
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company - HMO(New for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO(New for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health New England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare Of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue CHiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity(New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life(subsidiary of United Health Plans of NE)	7	COM

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice- PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO(Subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by # 84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select – PPO	E	PPO

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
96	Metrahealth (United Health Care of NE)	7	COM
97	UniCare	7	COM
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician(PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care - Community Health Plan	B	MCD-MC
108	Medicaid Managed Care - Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care - Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care - Health New England	B	MCD-MC
111	Medicaid Managed Care - HMO Blue	B	MCD-MC
112	Medicaid Managed Care - Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care - United Health Plans of NE(Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care - Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care Tufts Associated Health Plan	B	MCD-MC

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan- Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere)	B	MCD-MC
120	Out-of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO- Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO - HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO - Kaiser Medicare Plus Plan **	F	MCR-MC
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO - Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO - Matthew Thornton Senior Plan	F	MCR-MC
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO - Other (not listed elsewhere) ***	F	MCR-MC
135	Out-of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap supplement **	7	COM

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care(not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (Not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (Not listed elsewhere)***	C	BCBS-MC
156	Out of state BCBS	6	BCBS
157	Metrahealth - PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth - HMO (United Health Care of NE)	D	COM-MC
159	None (Valid only for Secondary Source of Payment)	N	NONE

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC
163	United Healthcare Insurance Company - POS(New for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth - POS (United Health Care of NE)	D	COM-MC
173 – 180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	UniCare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185 – 198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
205 – 206	Reserved		
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
209	Reserved		
210	Medicare HMO - Pilgrim Preferred 65 *	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO - Blue Care 65	F	MCR-MC
221	Medicare HMO Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO Healthsource CMHC	F	MCR-MC
223	Medicare HMO Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO - Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO - US Healthcare	F	MCR-MC
226-229	Reserved		
230	Medicare HMO - HCHP First Seniority	F	MCR-MC
231	Medicare HMO - Pilgrim Prime	F	MCR-MC

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
232	Medicare HMO - Seniorcare Direct	F	MCR-MC
233	Medicare HMO - Seniorcare Plus	F	MCR-MC
234	Medicare HMO - Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM -MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM - MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – Co-pay, deductible or co-insurance (when billing for free care services use #143).	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

SUPPLEMENTAL PAYER SOURCES: USE AS SECONDARY PAYER SOURCE ONLY

Source of Payment Code (Secondary)	Secondary Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance co.	7	COM

Source of Payment Code (Secondary)	Secondary Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
127	Medicare HMO - Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO -HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO-Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO –Tufts Medicare Supplement (TMS)	F	MCR-MC

IV) Patient Sex

Patient Sex	
Valid Entries	Definition
M	Male
F	Female
U	Unknown

V) Patient Race

Patient Race	
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

VI) Type of Visit

Type of Visit Code	Type of Visit Definition
1	Emergency
2	Urgent
3	Non-Urgent
4	Newborn
5	Information Unavailable

VII) Source of Visit

Source of Visit Code	Source of Visit Definition	Source of Visit Code	Source of Visit Definition (Newborn Only)
0	Information Not Available	Z	Information Not Available - Newborn
1	Direct Physician Referral	A	Normal Delivery
2	Within Hospital Clinic Referral	B	Premature Delivery

Source of Visit Code	Source of Visit Definition	Source of Visit Code	Source of Visit Definition (Newborn Only)
3	Direct Health Plan Referral/HMO Referral	C	Sick Baby
4	Transfer from Acute Care Hospital	D	Extramural Birth
5	Transfer from a Skilled Nursing Facility (SNF)		
6	Transfer from Intermediate Care Facility (ICF)		
7	Outside Hospital Emergency Room Transfer		
8	Court/Law Enforcement		
9	Other		
L	Outside Hospital Clinic Referral		
M	Walk-In/Self Referral		
T	Transfer from Another Institution's Ambulatory Surgery (SDS)		
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)		
E	EMS Transport Decision		

VIII) Patient Departure Status Code

Departure Status Code	
Departure Status Code	Patient Disposition (Departure Status):
1	Routine (i.e. to home or usual place of residence)
3	Transferred to Other Facility
4	AMA
6	Eloped

Departure Status Code	
Departure Status Code	Patient Disposition (Departure Status):
8	Within Hospital Clinic Referral
9	Dead on Arrival (with or without resuscitative efforts in the ED)
0	Died during ED Visit
P	Patient met personal physician in the emergency department (not seen by staff)

IX) Other Caregiver Code

Other Caregiver Code	
Other Caregiver Code	Other Caregiver Definition
1	Resident
2	Intern
3	Nurse Practitioner
5	Physician Assistant

X) Patient's Mode of Transport Code

Patient's Mode of Transport Code	
Code	Description
1	Ambulance
2	Helicopter
3	Law Enforcement
4	Walk-in (incl. private or public transport)
5	Other

Patient's Mode of Transport Code	
Code	Description
9	Unknown

XI) Homeless Indicator

Patient Homeless Indicator	
Valid Entries	Definition
Y	Patient is known to be homeless.
N	Patient is not known to be homeless.

Retrospective Outpatient Emergency Department Visit Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in this document. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of Category A or B errors as listed for each data element under the following conditions:

All errors will be recorded for each patient Record and for the Submission as a whole. An Edit Report will be provided to the Hospital, displaying detail for all errors found in the Submission.

A patient **Record** will be rejected if there is:

- Presence of one or more errors for Category A elements.
- Presence of two or more errors for Category B elements.

A hospital data **Submission** will be rejected if:

- Any Category A elements of Provider Record (Record Type 10), Hospital Service Site Summary (Record Type 94), or Provider Batch Control Record (Record Type 95) are in error or
- 1% or more of discharges are rejected or
- 50 consecutive records are rejected.

Acceptance of data under the edit check procedures identified in this document shall not be deemed acceptance of the factual accuracy of the data contained therein.

USEFUL INFORMATION FROM REGULATION 114.1 CMR 17

Retrospective (Historical) Data (114.1 CMR 17.15(3))

In addition to the quarterly data submissions for the reporting periods that begin on and after October 1, 2001, hospitals shall submit emergency department visit data for the period January 1, 2000 to September 30, 2001 according to the dates set forth in 114.1 CMR 17.10(1)(b). Data for each quarter in this period shall be submitted separately. Data submitted must be in the same format as data for the reporting periods beginning on or after October 1, 2001, and must be readable and usable by the Division; it should include accurate coded clinical, payer and demographic data. The Division will not require hospitals to collect data they do not have in their records for visits occurring during this period; however, hospitals shall submit all requested data elements that were stored in electronic records for those visits, which should, at a minimum, include information normally reported on claims. Hospitals must identify the data elements that are unavailable and the time periods for which they are unavailable. Data for this period will not be held to strict edit standards as described in the technical and data specifications for reporting periods beginning on or after October 1, 2001, although the Division may specify minimum edit standards for this data in an administrative bulletin.

Definitions (114.1 CMR 17.02)

Emergency Department (ED).

The department of a hospital, or health care facility off the premises of a hospital that is listed on the license of the hospital and qualifies as a Satellite Emergency Facility under 105 CMR 130.820 through 130.836, that provides emergency services as defined in 105 CMR 130.020. Emergency services are further defined in the HURM, Chapter III, s. 3242.

Emergency Department Visit.

Any visit by a patient to an emergency department for which the patient is registered at the ED, but which results in neither an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An ED visit occurs even if the only service provided to a registered patient is triage or screening. An ED visit is further defined in the HURM Chapter III, s. 3242.

Compliance (114.1 CMR 17.11)

Any general acute care hospital not complying with 114.1 CMR 17.00 shall be subject to the penalties specified in M.G.L.c. 118G, ss. 8, 10 and 114.1 CMR 36.09 (14). The Division shall consider a general acute care hospital out of compliance with 114.1 CMR 17.00 in the following circumstances:

a) more than 1% of the hospital's records, on a quarterly basis, are excluded from the data base by the Division because the records do not pass critical edit checks and the hospital fails to submit satisfactorily corrected records within 30 days;

or

b) the acute care hospital fails to submit the required data in accordance with the dates specified in 114.1 CMR 17.11.

Protection of Confidentiality of Data (114.1 CMR 17.12)

The Division shall institute appropriate administrative procedures and mechanisms to ensure that it is in compliance with the provisions of M.G.L. c. 66A, the Fair Information Practices Act, to the extent that the data collected thereunder are "personal data" within the meaning of that statute. In addition, the Division shall ensure that any contract entered into with other parties for the purposes of processing and analysis of data collected under 114.1 CMR 17.00 shall contain assurances such other parties shall also comply with the provisions of M.G.L.c. 66A.

The Medical Record, Medicaid Recipient, Billing and Unique Health Information numbers shall be used only for the purpose of establishing an audit trail in the event that it is necessary to retrieve the primary source document for validation of the abstract data and for linking case mix data and for linking case mix and charge data. The Division shall also ensure that data collected under 114.1 CMR 17.00 and re-disclosed to other parties shall be purged of the patients' medical record and billing numbers, Medicaid Recipient Identification Number (Claims Certificate Number), Unique Health Information Number and date of birth prior to redisclosure except as required by 114.5 CMR 2.00. The Medicaid Recipient Identification Number shall be held confidential to all requesters with the exception of the Massachusetts Division of Medical Assistance except as required by 114.5 CMR 2.00. The Social Security Number will be held confidential to all requesters.

Administrative and Technical Information Bulletins (114.1 CMR 17.14)

The Division may, from time to time, issue information bulletins to clarify its policy and understanding of the administrative and technical provisions of this document.

Regulatory Authority

114.1 CMR 17.00; M.G.L.c.118G